

# **POPOWSKI LAW FIRM, LLC**

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CHARLESTON, SOUTH CAROLINA 29401

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August 7, 2009

**VIA ELECTRONIC MAIL SERVICE**

The Honorable Charles L. A. Terreni  
Chief Clerk  
SC Public Service Commission  
P.O. Box Drawer 11649  
Columbia, SC 29211

RE: Docket No. 2009-321-T, Portable Storage and Moving of Columbia,LLC

Dear Mr. Terreni:

Enclosed is the Certificate of Liability Insurance with the relevant policy numbers for the Applicant that includes Automobile Liability and Cargo.

Please advise if you have any questions and with best regards, I am

Sincerely yours,

/s/ David Popowski

David Popowski

Enclosure

Cc: Office of Regulatory Staff  
(via electronic mail service)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/7/2009

| <b>PRODUCER</b><br>Krauter & Company LLC<br>16250 Knoll Trail, Suite 100<br>Dallas, TX 75248<br><br>(469) 374-5800<br>www.krautergroup.com | <b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>  |                             |        |  |  |            |  |            |  |            |  |            |  |
|--|---|-----------------------------|--------|--|--|------------|--|------------|--|------------|--|------------|--|
| <b>INSURED</b><br>Portable Storage & Moving of Columbia, LLC<br>2120 Commerce Drive<br>Cayce SC 29033                                      | <table border="1"><tr><th>INSURERS AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Granite State Insurance Co.</td><td></td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr></table> | INSURERS AFFORDING COVERAGE | NAIC # | INSURER A: Granite State Insurance Co. |  | INSURER B: |  | INSURER C: |  | INSURER D: |  | INSURER E: |  |
| INSURERS AFFORDING COVERAGE  | NAIC #  |                             |        |  |  |            |  |            |  |            |  |            |  |
| INSURER A: Granite State Insurance Co.   |   |                             |        |  |  |            |  |            |  |            |  |            |  |
| INSURER B:   |   |                             |        |  |  |            |  |            |  |            |  |            |  |
| INSURER C:   |   |                             |        |  |  |            |  |            |  |            |  |            |  |
| INSURER D:   |   |                             |        |  |  |            |  |            |  |            |  |            |  |
| INSURER E:   |   |                             |        |  |  |            |  |            |  |            |  |            |  |

## COVERAGES


THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADD'L LTR INSRD                      | TYPE OF INSURANCE   | POLICY NUMBER   | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS  |                                     |              |   |              |                              |          |                                |              |                   |              |                        |              |               |           |
|---|---|-----------------|------------------------------------|-------------------------------------|---|-------------------------------------|--------------|---|--------------|------------------------------|----------|--------------------------------|--------------|-------------------|--------------|------------------------|--------------|---------------|-----------|
| A   | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC  | 02-LX-086478719 | 8/5/2009                           | 8/5/2010                            | <table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 2,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td>Employee Bene</td><td>1,000,000</td></tr></table> | EACH OCCURRENCE                     | \$ 1,000,000 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000   | MED EXP (Any one person)     | \$ 5,000 | PERSONAL & ADV INJURY          | \$ 2,000,000 | GENERAL AGGREGATE | \$ 2,000,000 | PRODUCTS - COMP/OP AGG | \$ 2,000,000 | Employee Bene | 1,000,000 |
| EACH OCCURRENCE                           | \$ 1,000,000  |                 |                                    |                                     |   |                                     |              |   |              |                              |          |                                |              |                   |              |                        |              |               |           |
| DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000  |                 |                                    |                                     |   |                                     |              |   |              |                              |          |                                |              |                   |              |                        |              |               |           |
| MED EXP (Any one person)                  | \$ 5,000  |                 |                                    |                                     |   |                                     |              |   |              |                              |          |                                |              |                   |              |                        |              |               |           |
| PERSONAL & ADV INJURY                     | \$ 2,000,000  |                 |                                    |                                     |   |                                     |              |   |              |                              |          |                                |              |                   |              |                        |              |               |           |
| GENERAL AGGREGATE                         | \$ 2,000,000  |                 |                                    |                                     |   |                                     |              |   |              |                              |          |                                |              |                   |              |                        |              |               |           |
| PRODUCTS - COMP/OP AGG                    | \$ 2,000,000  |                 |                                    |                                     |   |                                     |              |   |              |                              |          |                                |              |                   |              |                        |              |               |           |
| Employee Bene                             | 1,000,000   |                 |                                    |                                     |   |                                     |              |   |              |                              |          |                                |              |                   |              |                        |              |               |           |
| A   | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS<br><input checked="" type="checkbox"/> 1,000 ded Collision<br><input checked="" type="checkbox"/> 1,000 ded Comprehensive | 02-CA-019656695 | 8/5/2009                           | 8/5/2010                            | <table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr></table>   | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 | BODILY INJURY (Per person)                | \$           | BODILY INJURY (Per accident) | \$       | PROPERTY DAMAGE (Per accident) | \$           |                   |              |                        |              |               |           |
| COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000  |                 |                                    |                                     |   |                                     |              |   |              |                              |          |                                |              |                   |              |                        |              |               |           |
| BODILY INJURY (Per person)                | \$  |                 |                                    |                                     |   |                                     |              |   |              |                              |          |                                |              |                   |              |                        |              |               |           |
| BODILY INJURY (Per accident)              | \$  |                 |                                    |                                     |   |                                     |              |   |              |                              |          |                                |              |                   |              |                        |              |               |           |
| PROPERTY DAMAGE (Per accident)            | \$  |                 |                                    |                                     |   |                                     |              |   |              |                              |          |                                |              |                   |              |                        |              |               |           |
|   | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO  |                 |                                    |                                     | <table border="1"><tr><td>AUTO ONLY - EA ACCIDENT</td><td>\$</td></tr><tr><td>OTHER THAN EA ACC</td><td>\$</td></tr><tr><td>AUTO ONLY: AGG</td><td>\$</td></tr></table>   | AUTO ONLY - EA ACCIDENT             | \$           | OTHER THAN EA ACC                         | \$           | AUTO ONLY: AGG               | \$       |                                |              |                   |              |                        |              |               |           |
| AUTO ONLY - EA ACCIDENT                   | \$  |                 |                                    |                                     |   |                                     |              |   |              |                              |          |                                |              |                   |              |                        |              |               |           |
| OTHER THAN EA ACC                         | \$  |                 |                                    |                                     |   |                                     |              |   |              |                              |          |                                |              |                   |              |                        |              |               |           |
| AUTO ONLY: AGG                            | \$  |                 |                                    |                                     |   |                                     |              |   |              |                              |          |                                |              |                   |              |                        |              |               |           |
| a   | <b>EXCESS / UMBRELLA LIABILITY</b><br><input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><br>DEDUCTIBLE<br>RETENTION \$ 10,000   | 01-UD-015846519 | 8/5/2009                           | 8/5/2010                            | <table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 1,000,000</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>   | EACH OCCURRENCE                     | \$ 1,000,000 | AGGREGATE                                 | \$ 1,000,000 |                              | \$       |                                | \$           |                   | \$           |                        |              |               |           |
| EACH OCCURRENCE                           | \$ 1,000,000  |                 |                                    |                                     |   |                                     |              |   |              |                              |          |                                |              |                   |              |                        |              |               |           |
| AGGREGATE                                 | \$ 1,000,000  |                 |                                    |                                     |   |                                     |              |   |              |                              |          |                                |              |                   |              |                        |              |               |           |
|   | \$  |                 |                                    |                                     |   |                                     |              |   |              |                              |          |                                |              |                   |              |                        |              |               |           |
|   | \$  |                 |                                    |                                     |   |                                     |              |   |              |                              |          |                                |              |                   |              |                        |              |               |           |
|   | \$  |                 |                                    |                                     |   |                                     |              |   |              |                              |          |                                |              |                   |              |                        |              |               |           |
|   | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under SPECIAL PROVISIONS below<br>Y / N <input type="checkbox"/>  |                 |                                    |                                     | <table border="1"><tr><td>WC STATU-TORY LIMITS</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>   | WC STATU-TORY LIMITS                | OTH-ER       | E.L. EACH ACCIDENT                        | \$           | E.L. DISEASE - EA EMPLOYEE   | \$       | E.L. DISEASE - POLICY LIMIT    | \$           |                   |              |                        |              |               |           |
| WC STATU-TORY LIMITS                      | OTH-ER  |                 |                                    |                                     |   |                                     |              |   |              |                              |          |                                |              |                   |              |                        |              |               |           |
| E.L. EACH ACCIDENT                        | \$  |                 |                                    |                                     |   |                                     |              |   |              |                              |          |                                |              |                   |              |                        |              |               |           |
| E.L. DISEASE - EA EMPLOYEE                | \$  |                 |                                    |                                     |   |                                     |              |   |              |                              |          |                                |              |                   |              |                        |              |               |           |
| E.L. DISEASE - POLICY LIMIT               | \$  |                 |                                    |                                     |   |                                     |              |   |              |                              |          |                                |              |                   |              |                        |              |               |           |
| A   | <b>OTHER</b><br>Property Cargo/Transit  | 02-LX-086478719 | 8/5/2009                           | 8/5/2010                            | All Risk - 100% Replacement Cost \$50,000 per occurrence  |                                     |              |   |              |                              |          |                                |              |                   |              |                        |              |               |           |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

## CERTIFICATE HOLDER

## CANCELLATION

|  |   |
|--|---|
| Popowski Law Firm, LLC<br>171 Church Street Suite 110<br>Charleston SC 29401 | <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p>Corey Robison </p> |
|--|---|

ACORD 25 (2009/01)

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## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.